

FIRST AVAILABLE COPY

# CLAIMS ONLY

Application Number

10/705,628

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			/							51			
2			/							52			
3			/							53			
4			3							54			
5			3							55			
6			/							56			
7			/							57			
8			/							58			
9			/							59			
10			2							60			
11			2							61			
12										62			
13										63			
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42										92			
43										93			
44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
Total Indep			3							Total Indep			
Total Depend			14							Total Depend			
Total Claims			17							Total Claims			